DEC 2 0 2005

Docket No.: 2038-282

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Masashi NAKASHITA

Confirmation No. 3584

U.S. Patent Application No. 10/024,544

Group Art Unit: 3761

Filed: December 21, 2001

Examiner: Reichle, Karin M.

For:

BODY FLUID ABSORBENT WEARING ARTICLE

Dear Sir:

Transmitted herewith is an Amendment in the above identified application.

No additional fee is required.

Small entity status of this application has been established.

Also attached: Exhibit A

The fee has been calculated as shown below:

		If multiple claims newly presented, add \$360.00 Fee for extension of time			
•					
Independent Claims	3	3	00	x \$200 =	**********
Total Claims	24	23	i	x \$ 50 =	\$50.00
	NO. OF CLAIMS	HIGHEST PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	FEE

A credit card authorization form in the amount of \$50.00 is attached.

The Commissioner is hereby authorized to charge payment of any deficiency in fees associated with this communication or credit any overpayment, to Deposit Account No. <u>07-1337</u>, including any filing fees under 37 CFR 1.16 for presentation of extra claims and any patent application processing fees under 37 CFR 1.17.

SIGNATUR

Respectfully submitted,

LOWE HAUPTMAN & BERNER, LLP

Begiamin J/Hauptman Registration No.: 29,310

USPTO Customer No. 22429 1700 Diagonal Road, Suite 300 Alexandria, Virginia 22314 (703) 684-1111 BJH/klb

(703) 518-5499 Facsimile Date: December 20, 2005 CERTIFICATION OF FACSIMILE TRANSMISSION

1 HEREBY CERTIFY THAT THIS PAPER IS BEING FACSIMILE TRANSMITTED
TO THE PATENT AND TRADEMARK OFFICE ON THE DATE SHOWN BELOW

TYPE OF PRINT NAME OF PERSON SIGN

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December 20, 2005

571-273-8300

FACSIMILE NUMBER

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Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450

Sir:

The following amendments and remarks are submitted in response to the Official Action dated September 20, 2005.

CERTIFICATION OF FACSIMILE TRANSMISSION I HEREBY CERTIFY THAT THIS PAPER IS BEING FACSIMILE TRANSMITTED AND TRADEMARK OFFICE ON THE DATE SHOWN BELOW

<u>Kindra Bryant</u> AME OF PERSON SIGNING CERTIFICATION TYPE OR P

December 20, 2005 SIGNATURE

DATE

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